

DOKER

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593839

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			2			
4			2			
5			2			
6			2			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
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15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			2			
24			2			
25			2			
26			2			
27			2			
28			2			
29			1			
30			1			
31			1			
32			1			
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45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.						
TOTAL DEP.			35			
TOTAL CLAIMS			36			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						